



# State of California Secretary of State

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## Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.  
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**G394159****FILED**

In the office of the Secretary of State  
of the State of California

**FEB-07 2019****1. CORPORATE NAME**

SHARP SOURCE

**2. CALIFORNIA CORPORATE NUMBER**

C3606632

This Space for Filing Use Only

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)**3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY**

CITY

STATE

ZIP CODE

701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

**4. MAILING ADDRESS OF THE CORPORATION**

CITY

STATE

ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)**5. CHIEF EXECUTIVE OFFICER/**

ADDRESS

CITY

STATE

ZIP CODE

GARIB KARAPETYAN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

**6. SECRETARY**

ADDRESS

CITY

STATE

ZIP CODE

GARIB KARAPETYAN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

**7. CHIEF FINANCIAL OFFICER/**

ADDRESS

CITY

STATE

ZIP CODE

ANDREY KUKUSHKIN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

**8. NAME OF AGENT FOR SERVICE OF PROCESS** (Note: The person designated as the corporation's agent MUST have a power to act in that capacity prior to the designation.)  
PAUL CLEMONS**9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL**

CITY

STATE

ZIP CODE

701 12T ST. SUITE 201, SACRAMENTO, CA 95814

**Common Interest Developments**

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

**11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

02/07/2019

GARIB KARAPETYAN

CEO

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



City of Sacramento  
**DISPENSARY PERMIT**  
Medical | Adult Use

Organization Name: **THC SACRAMENTO**

Permit Number: **1008822-3**

Address of Operation: **6666 FRUITRIDGE ROAD #C  
SACRAMENTO, CA 95820**

Issue Date: **January 29, 2019**

Expiration Date: **January 29, 2020**

Permit Holders:

**Garib Karapetyan  
Andrey Kukushkin**

  
Joe Devlin, Chief, Office of Cannabis Policy & Enforcement

**Days of Week and Hours of Operation:**

Monday – Sunday 7 am to 9 pm

**Managers:**

- |                      |                    |
|----------------------|--------------------|
| 1. Austin Richardson | 3. Kevoni Briscoe  |
| 2. Katarina Pekari   | 4. Derrick Shorter |

**Conditions:**

1. This permit must be posted in a conspicuous place at the place of business.
2. The dispensary shall adhere to ALL operating requirements in accordance with Sacramento City Code section 5.150
3. City officials may inspect the dispensary at any reasonable time, may demand copies of records maintained by the dispensary except for private medical records and no dispensary shall refuse or interfere with any inspection.
4. Violation of the conditional use permit's conditions, any City Code, and any State law may be grounds for suspending or revoking the dispensary permit.
5. The dispensary shall comply with the approved security plan.
6. A building permit is required for all construction that is proposed or completed without a permit.
7. The permit holder is required to pay all applicable taxes, including the city business operations tax (pursuant to chapter 3.08 of the Sacramento City Code) and state sales tax.
8. The dispensary shall maintain a written accounting of all income and expenditures, including cash and in-kind transactions, reimbursement, and compensation; and an inventory record documenting the dates and amounts of cannabis received, stored, sold, and distributed.
9. The permit holder shall not submit falsified documentation or misleading information to the City.
10. A City approved manager must be on-site at all times any other person is on site, except for security guards.
11. The dispensary shall maintain its business records for at least three years and produce them to the city within 24 hours after receipt of the city's request.
12. Maintain a Point-of-Sale system that can distinguish Medical and Adult Use transactions and interface with the State's Track-and-Trace system.
13. The permit holder shall remit Business Operations Tax payments on the first day of each month for the prior month. The permit holder shall remit within 30 days of notification, any past due or under-reported Business Operations Taxes Identified by the City.
14. The permit holder shall provide the City with a quarterly written summary of any and all security breaches, alarm activations, private security responses and any other security-related calls for service responded to by the Sacramento Police Department or other law enforcement agencies.

**I AGREE TO THE CONDITIONS LISTED ABOVE:**

